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## Search Results -

Terms	Documents
(CD20 or rituximab or CAMPATH?) and sclerosis	80

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## Search History

Today's Date: 6/24/2001

<u>DB Name</u>	<u>Query</u>	<u>Hit Count</u>	<u>Set Name</u>
USPT,DWPI	(CD20 or rituximab or CAMPATH?) and sclerosis	80	<a href="#">L3</a>
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(FILE 'HOME' ENTERED AT 10:44:14 ON 24 JUN 2001)

FILE 'MEDLINE, CAPLUS, EMBASE, BIOSIS' ENTERED AT 10:44:35 ON 24 JUN 2001

L1 34782 S (LYMPHOCYTE OR CELL) (2W) DEPLET?  
L2 264981 S MS OR (MULTIPLE (1W) SCLEROSIS)  
L3 7986 S CD20 OR RITUXIMAB  
L4 1 S L1 AND L2 AND L3  
L5 110 S L1 AND L2  
L6 431 S CAMPATH-1H  
L7 23 S L6 AND REVIEW  
L8 7 S L7 AND PY<1999  
L9 251 S L3 AND AUTOIMMUN?  
L10 0 S L9 AND L2  
L11 143 DUP REM L9 (108 DUPLICATES REMOVED)

L5 ANSWER 100 OF 110 BIOSIS COPYRIGHT 2001 BIOSIS

ACCESSION NUMBER: 1994:408692 BIOSIS

DOCUMENT NUMBER: PREV199497421692

TITLE: Preliminary evidence from magnetic resonance imaging for reduction in disease activity after **lymphocyte depletion** in multiple sclerosis.

AUTHOR(S): Moreau, Thibault; Thorpe, John; Moseley, David Vv  
Milleran;

Hale, Geoff; Waldmann, Herman; Clayton, David; Wing, Mark; Scolding, Neil; Compston, Alastair (1)

CORPORATE SOURCE: (1) Univ. Cambridge Neurol. Unit, Addenbrooke's Hosp., Cambridge CB2 2QQ UK

SOURCE: Lancet (North American Edition), (1994) Vol. 344, No. 8918,

pp. 298-301.

ISSN: 0099-5355.

DOCUMENT TYPE: Article

LANGUAGE: English

AB The central nervous system lesions of multiple sclerosis (**MS**) can be detected by magnetic resonance imaging (MRI) and the initial perivascular inflammatory component is distinguished by the presence of gadolinium enhancement. To assess the effect of systemic **lymphocyte depletion** on disease activity, seven patients with **MS** received a 10-day intravenous course of the humanised monoclonal antibody CAMPATH-1H (anti-CDw52). With some variations in the protocol, enhanced cerebral MR images were obtained monthly for 3-4 months before and at least 6 months after treatment. 28 enhancing areas were detected on the first series of 7 scans; 51 additional active lesions were identified on 18 scans before treatment; 15 were detected on 20 scans done over the next 3 months, but only 2 active lesions were seen on 23 scans during follow-up beyond 3 months. The difference in lesion incidence rate before and after treatment varied and the rate ratio was significantly reduced in only three patients. Collectively, in a "meta-analysis", the rate ratios were 0.58 (95% CI 0.09-0.24) for all seven patients and 0.24 (0.14-0.42; p lt 0.001) with exclusion of the patient whose scanning schedule differed. The effect of CAMPATH-1H on disease activity provides direct, but preliminary, evidence that disease activity in **MS** depends on the availability of circulating lymphocytes and can be prevented by **lymphocyte depletion**. It is too early to say anything about the clinical results of treatment with this agent.

L8 ANSWER 3 OF 7 CAPLUS COPYRIGHT 2001 ACS  
ACCESSION NUMBER: 1997:46761 CAPLUS  
DOCUMENT NUMBER: 126:142905  
TITLE: **CAMPATH-1H** therapy in autoimmune  
diseases  
AUTHOR(S): Watts, Richard A.; Isaacs, John D.  
CORPORATE SOURCE: Addenbrooke's Hospital, Cambridge, UK  
SOURCE: Novel Ther. Agents Treat. Autoimmune Dis. (  
**1997**), 75-82. Editor(s): Strand, Vibeke;  
Scott, David L.; Simon, Lee S. Dekker: New York, N.  
Y.  
CODEN: 63VZA5  
DOCUMENT TYPE: Conference; General Review  
LANGUAGE: English  
AB A **review** with .apprx.26 re

L5 ANSWER 90 OF 110 BIOSIS COPYRIGHT 2001 BIOSIS

ACCESSION NUMBER: 1998:212579 BIOSIS

DOCUMENT NUMBER: PREV199800212579

TITLE: T **cell-depleted** autologous  
hematopoietic stem cell transplantation for multiple  
sclerosis: Report on the first three patients.

AUTHOR(S): Burt, R. K. (1); Traynor, A. E.; Cohen, B.; Karlin, K. H.;  
Davis, F. A.; Stefoski, D.; Terry, C.; Lobeck, L.;  
Russell,

E. J.; Goolsby, C.; Rosen, S.; Gordon, L. I.;  
Keever-Taylor, C.; Brush, M.; Fishman, M.; Burns, W. H.

CORPORATE SOURCE: (1) Allogenic Bone Marrow Transplantation, Wesley  
Pavilion,

Room 1416, 250 E. Superior St., Chicago, IL 60611-2950 USA  
Bone Marrow Transplantation, (March 2, 1998) Vol. 21, No.  
6, pp. 537-541.  
ISSN: 0268-3369.

DOCUMENT TYPE: Article

LANGUAGE: English

AB Multiple sclerosis (**MS**) is a disease of the central nervous  
system characterized by immune-mediated destruction of myelin. In  
patients

with progressive deterioration, we have intensified immunosuppression to  
the point of myeloablation. Subsequently, a new hematopoietic and immune  
system is generated by infusion of CD34-positive hematopoietic stem cells  
(HSC). Three patients with clinical **MS** and a decline of their  
Kurtzke extended disability status scale (EDSS) by 1.5 points over the 12  
months preceding enrollment and a Kurtzke EDSS of 8.0 at the time of  
enrollment were treated with hematopoietic stem cell (HSC)

transplantation

using a myeloablative conditioning regimen of cyclophosphamide (120  
mg/kg), methylprednisolone (4 g) and total body irradiation (1200 cGy).  
Reconstitution of hematopoiesis was achieved with CD34-enriched stem  
cells. The average time of follow-up is 8 months (range 6-10 months).  
Despite withdrawal of all immunosuppressive medications, functional  
improvements have occurred in all three patients. We conclude that T  
**cell-depleted** hematopoietic stem cell transplantation  
can be performed safely in patients with severe and debilitating multiple  
sclerosis. Stem cell transplantation has resulted in modest neurologic  
improvements for the first time since onset of progressive disease  
although no significant changes in EDSS or NRS scales are evident at this  
time.